Gift to Agency Report	A Public	Document		GIFT TO AGENCY REPO
. Agency Name			Date Stamp	California O O
Governor's Office				Form OU
Division, Department, or Region (if	a <b>p</b> plicable)			For Official Use Only
ţ				3
Street Address				,
State Capitol, Sacramento, Califo	ornia 95814		,	
Area Code/Phone Number   E-ma				
(916) 445-0873		[	Amendment (explai	in in comment section)
Agency Contact (name and title)			Date of Original Filing	
Dan Maguire, Deputy Legal Affai	rs Secretary			(month, day, year)
Donor Name and Address				
interior interior and Address			Califernia State De	stand Foundation
☐ Individual	First Name	■ Other	California State Pro	Name
1215 K \$treet	Sacramento		CA	95814
Address	City		State	Zip Code
The CSPF is a 501(c)(3) organiza	ation that promotes Californ	ia and provide	s support on diploma	itic and consular matters
If "Other" is marked, describe the entity's busines			o capport on alpionic	are and conservation
If applicable, identify the name of each	h source and the amount(s) so	licited or receive	ed by the donor for this	gift:
applicable, identity the name of each	in source and the amount(s) so	nonced of receive	d by and donor for ano	9
17	\$			\$
Name	Amount		Name	Amount
Payment Information			1	:
Date and Amount of Payment (ot	ther than travel) 2/18 - 3/11 09	9\$	56,013	
	(month, day, year)	)	(Round to whole dollars)	
Travel Payment Information (Roul	nd to whole dollars) Location of	of Travel		
,	,			
\$	tion Expenses Lodging Expenses	- \$	\$	\$
17			The second secon	
Provide a specific descriptio		• •		ī
The CSP# paid for a California N				ne payments covered
lighting, sound, music, commemo	orative items, entertainment,	, and technical	services.	r de la companya de l
Identify the officials for whor	m the navment was use	۸.		- Aller and the second
identify the officials for whor	ii the payment was used	u.		He de la constant de
				,
Last Name	First Name		Title	Department/Division
			•	
Last Name	First Name	_ <del></del>	74-	Donostmont/Division
Last Name	First Name		Title	Department/Division
Verification				ng (general)
	1 - 11	nis gift and use it	for the official agency	business described above.
I have detemnined that it is in the inter	rests of the agency to accept th	•		4
I have determined that it is in the inter	rests of the agency to accept th	•	f	- f
I have determined that it is in the inter		-	f of Staff	3)16/10
I have determined that it is in the inter	Susan Kennedy  Print Name	-	f of Staff	3)16/05 (month, day, year)
I have determined that it is in the inter	Susan Kennedy	-		3)16/05 (month, day, year)
Sulla	Susan Kennedy Print Name	Chief		3)16/05 (month, day, year)
Signature of Agency Head or Designee	Susan Kennedy Print Name	Chief		3)16/05 (month, day, year)
Signature of Agency Head or Designee	Susan Kennedy Print Name	Chief		3)16/05 (month, day, year)